

**Senate File 136 - Introduced**

SENATE FILE 136

BY SWEENEY

**A BILL FOR**

1 An Act relating to insurance coverage for diagnostic breast  
2 cancer examinations, and including applicability provisions.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1     Section 1. NEW SECTION.   **514C.4A Diagnostic examinations**  
2 **— breast cancer.**

3     1. As used in this section, unless the context otherwise  
4 requires:

5     *a. "Abnormality"* means an abnormal feature, characteristic,  
6 or occurrence in a covered person's breast that meets any of  
7 the following requirements:

8       (1) The abnormality is identified as a result of a covered  
9 person's screening mammogram.

10      (2) The abnormality is identified during the provision  
11 of health care services to a covered person by a health care  
12 professional.

13      (3) A health care professional determines an abnormality  
14 exists based on a covered person's medical history or the  
15 covered person's family medical history.

16     *b. "Breast magnetic resonance imaging" or "breast MRI"* means  
17 an examination of a breast using a powerful magnetic field,  
18 radio waves, and a computer to produce detailed pictures of the  
19 structures within the breast.

20     *c. "Breast ultrasound"* means a noninvasive examination of  
21 a breast using high-frequency sound waves to produce detailed  
22 images of the breast.

23     *d. "Cost-sharing"* means any coverage limit, copayment,  
24 coinsurance, deductible, or other out-of-pocket expense  
25 obligation imposed on a covered person by a policy, contract,  
26 or plan providing for third-party payment or prepayment of  
27 health or medical expenses.

28     *e. "Covered person"* means a policyholder, subscriber, or  
29 other person participating in a policy, contract, or plan that  
30 provides for third-party payment or prepayment of health or  
31 medical expenses.

32     *f. "Diagnostic breast cancer examination"* means an  
33 examination of an abnormality, deemed medically necessary by a  
34 covered person's health care professional, for the detection  
35 of breast cancer. The examination may be conducted using a

1 diagnostic mammogram, breast magnetic resonance imaging, or a  
2 breast ultrasound.

3     *g. "Diagnostic mammogram"* means a detailed examination of a  
4 breast abnormality using X ray.

5     *h. "Health care professional"* means the same as defined in  
6 section 514J.102.

7     *i. "Health care services"* means services for the diagnosis,  
8 prevention, treatment, cure, or relief of a health condition,  
9 illness, injury, or disease.

10    *j. "Screening mammogram"* means an examination of a breast  
11 that aids in the early detection and diagnosis of breast  
12 cancer.

13    2. Notwithstanding the uniformity of treatment requirements  
14 of section 514C.6, a policy, contract, or plan providing  
15 for third-party payment or prepayment of health or medical  
16 expenses shall provide coverage for diagnostic breast cancer  
17 examinations. The policy, contract, or plan shall not require  
18 cost-sharing greater than the cost-sharing that the policy,  
19 contract, or plan requires for a screening mammogram.

20    3. *a.* This section shall apply to the following classes of  
21 third-party payment provider contracts, policies, or plans:

22       (1) Individual or group accident and sickness insurance  
23 providing coverage on an expense-incurred basis.

24       (2) An individual or group hospital or medical service  
25 contract issued pursuant to chapter 509, 514, or 514A.

26       (3) An individual or group health maintenance organization  
27 contract regulated under chapter 514B.

28       (4) A plan established for public employees pursuant to  
29 chapter 509A.

30    *b.* This section shall not apply to accident-only, specified  
31 disease, short-term hospital or medical, hospital confinement  
32 indemnity, credit, dental, vision, Medicare supplement,  
33 long-term care, basic hospital and medical-surgical expense  
34 coverage as defined by the commissioner of insurance,  
35 disability income insurance coverage, coverage issued as a

1 supplement to liability insurance, workers' compensation or  
2 similar insurance, or automobile medical payment insurance.

3 4. The commissioner of insurance shall adopt rules pursuant  
4 to chapter 17A to administer this section.

5 Sec. 2. APPLICABILITY. This Act applies to third-party  
6 payment provider contracts, policies, or plans delivered,  
7 issued for delivery, continued, or renewed in this state on or  
8 after January 1, 2022.

9

#### EXPLANATION

10 The inclusion of this explanation does not constitute agreement with  
11 the explanation's substance by the members of the general assembly.

12 This bill relates to insurance coverage for diagnostic  
13 breast cancer examinations.

14 The bill requires a policy, contract, or plan providing for  
15 third-party payment or prepayment of health or medical expenses  
16 to provide coverage for diagnostic breast cancer examinations.  
17 "Diagnostic breast cancer examination" is defined in the bill  
18 as an examination of an abnormality, deemed medically necessary  
19 by a covered person's health care professional, for the  
20 detection of breast cancer. The examination may be conducted  
21 using a diagnostic mammogram, breast magnetic resonance  
22 imaging, or breast ultrasound. "Abnormality", "diagnostic  
23 mammogram", "breast magnetic resonance imaging", and "breast  
24 ultrasound" are also defined in the bill.

25 The policy, contract, or plan cannot require cost-sharing  
26 greater than the cost-sharing that the policy, contract, or  
27 plan requires for a screening mammogram. "Cost-sharing" and  
28 "screening mammogram" are defined in the bill.

29 The bill applies to third-party payment providers enumerated  
30 in the bill. The bill specifies the types of specialized  
31 health-related insurance which are not subject to the coverage  
32 requirements of the bill.

33 The commissioner of insurance is required to adopt rules to  
34 administer the requirements of the bill.

35 The bill applies to third-party payment provider contracts,

1 policies, or plans delivered, issued for delivery, continued,  
2 or renewed in this state on or after January 1, 2022.